



# **“One HHS”**

## **10 Department-wide Management Objectives**

Last Updated: December 22, 2004

Purpose: To better integrate HHS management functions to ensure coordinated, seamless, and results-oriented management across all Operating and Staff Divisions of the Department.

### **1. Implement Results-Oriented Management**

- Create meaningful, results-oriented performance contracts for Operating and Staff Division heads and for all employees.
- Establish long-term outcome goals and annual target and report progress in achieving goals and targets in the annual performance budget.
- Achieve a 10 percent increase in program performance over the next 3 years.

### **2. Implement Strategic Human Capital Management**

- By February 4, 2005, develop and submit to ASAM a 2-year OPDIV-specific human capital strategy to assist managers with succession planning activities.
  - Meet identified goals, milestones and action items.
- Reduce average hiring time for SES and all other positions by 50%. The averages are based on time from closing date of vacancy announcement until hiring offer is made. (OPM has established an average hiring requirement of 30 days for SES positions and 45 days for all other positions.)
- Implement new EEO structure by September 2005.
- Support development of a single Departmental performance appraisal system for managers and implement new system by August 2005.

### **3. Improve Grants Management Operation and Oversight**

- Working in conjunction with ACF: CMS, IHS, and OPHS will replace their legacy grant processing systems with the GATES grants processing system by September 30, 2005. Working in conjunction with NIH: SAMHSA, FDA, and CDC (Research) will replace their legacy grant processing systems with the eRA/IMPAC II grant processing system by September 30, 2005. Complete the data mapping activity associated with replacing the CDC (Discretionary/Mandatory) legacy grant processing system with GATES and replacing the HRSA legacy grant processing system with eRA/IMPAC II by September 30, 2005, with system replacement to occur by March 31, 2006, by working in conjunction with ACF and NIH respectively.
- Post a minimum of 25% of the Department's grant application packages on Grants.gov "Apply" and achieve 6,000 electronic application submissions by September 30, 2005.
- Decrease the number of sole source awards by 10 percent.

- Submit corrective actions, in response to findings resulting from Grant Program Reviews, to OGMP/ASAM within 45 days of issuance of the final report.

#### **4. Complete the FY 2005 Competitive Sourcing Program**

- Meet the OMB mandated “Green” Standards for Success.
- Submit a complete FAIR Act inventory and Reason Code A justifications to ASAM/OCS by April 29, 2005.
- Complete the FY05 Competitive Sourcing Plan.

#### **5. Improve Information Technology Management**

- Initiate implementation of products, services, and policy directives yielded by the Enterprise Initiatives as described in the HHS IT strategic 5 Year Plan.
- Improve FISMA security report for FY05, resulting in zero Significant Deficiencies at the Department and OPDIV levels and a 25% reduction in reportable conditions.
- Implementation of automated patch management for 100% of commodity desktop computers, plus removal of “administrator” rights from commodity PC users by September 30, 2005.
- Consolidate CIO role for 100% of ITSC-supported OPDIVs to the ITSC Director by the end of FY06; those with no “Major” projects will consolidate CIO role by the end of FY05.
- Continuity of Operations and Disaster Recovery plan implemented and tested for 100% of systems that are “Major,” plus creation of a hosting service, including Continuity of Operations, to be offered for use by non-“Major” business applications by September 30, 2005.
- A Concept of Operations (“CONOPS”) document will be available for 100% of “Major” projects by September 30, 2005.

#### **6. Consolidate Management Functions and Achieve Administrative Efficiencies**

- Increase by a minimum of three, the number of service (e.g. purchasing - supplies, equipment, etc., budget execution) and function (small business) consolidations and/or shared services initiatives. The initiatives may be within the Operating Division or through Department wide participation. In each case, a supportable business case identifying time, cost and/or service efficiencies will be prospectively documented along with the identification of specific post implementation measures of success.
- Develop specific measures and reports that provide quantitative and evaluative information for Service Level Agreements.
- Build on the infrastructure provided by enterprise information systems such as UFMS.
- Offer the HHS forms clearance solution (ICRAS) as a shared service to other agencies by September 30, 2005.
- Fulfillment of HSPD12 requirements through creation of an information access security plan by July 2005 and starting to implement the plan by October 2005. This includes “smart card” requirements for access to HHS facilities and IT resources.

## **7. Improve Financial Management**

- Continue Implementation of Unified Financial Management System (UFMS)
  - Complete testing of UFMS for CDC and FDA implementation.
  - Implement UFMS for CDC and FDA.
  - Begin PSC implementation.
  - Develop plan for merging NBS and UFMS.
- Reduce HHS improper payments by 50% across the board.
- Reduce by 30% the number of audit cases over 1 year needing a management decision.
- Take final action on audit management decisions and reduce by approximately 40% (\$210M).
- Continue consolidation of business (administrative management) systems.
  - Consolidate to a single procurement system among OPDIVs; build only a single interface to UFMS.
  - Consolidate travel systems to eTravel; build only a single eTravel interface to UFMS.
  - Consolidate OPDIV property management systems to the PSC asset management system; build a single asset management system interface to UFMS.
  - Consolidate to a single requisition system and build only a single interface to UFMS.

## **8. Improve Real Property Asset Management**

- For FY05 Buildings and Facilities (B&F) Program, deliver all line-item projects within 100% of submitted OMB/Congressional budget. Deliver 90% of all line-item projects within submitted OMB/Congressional scope. Remaining projects will be within plus or minus 10% of OMB/Congressional scope. OMB/Congressional budget and scope shall be as reflected in Departmental approved budget and scope. (Land-holding OPDIVs)
- Facility Project Approval Agreements approved by September 30, 2005 by OS for 80% of FY06 projects budgeted for planning/design with construction budgeted in subsequent year(s) and 90% of FY06 projects budgeted construction. (Land-holding OPDIVs)
- OPDIVs report facility utilization for at least 60% of their facilities using metrics consistent with Federal Real Property Council (FRPC), but customized for HHS.
- Facility condition assessment is current (i.e. not more than 5 years old) on 85% of owned facilities. (Land-holding OPDIVs)
- 90% of Facilities in each OPDIV assessed for mission criticality/dependency. Excess facilities, if any, identified and disposal strategy developed.
- All OPDIVs identify historic real property assets and provide documentation to HQ by July 30, 2005 for inclusion in HHS Historic Preservation Report.
- OPDIV Real Property Inventory available to meet FRPC and HHS needs and is kept up to date by 100% of OPDIVs with at least 95% of properties inventoried by each OPDIV.

## **9. Achieve Efficiencies Through HHS-wide Procurements**

- The PSC Strategic Sourcing Division will increase the portfolio of consolidated procurements by at least \$100 million and achieve savings of at least 5%. OPDIVs will increase their usage of the full portfolio of consolidated contracts by not less than 40%.
- The PSC in conjunction with the HHS CIO will implement a consolidated purchasing mechanism to purchase 100% of commodity desktop PC's and OPDIVs will use this mechanism exclusively not later than July 1, 2005.
- Meet or exceed the HHS Small Business Contracting Goal, which is 30% of our total procurement dollars.

## **10. Conduct Program Evaluations and Identify Strategies for Resolving Any Deficiencies**

- Implement a systematic approach to program evaluation for HHS programs that makes use of internal resources, reciprocal evaluations, and contractors to achieve regular independent and quality evaluations to indicate that the program is effective and achieving results.
- Systematically track and implement PART recommendations through the performance budget process.

Identify all significant program deficiencies (as defined in PART) over the next three years with action steps specified and timeline to eliminate deficiencies cited. Example, HRSA completed its last full round in FY 2002 and therefore will complete a complete set in FY 2005, and NIH which completed a full round in FY 2004 will complete its next full round of surveys in FY 2007.

- Every OPDIV that has a procurement office(s) will conduct a complete set of balanced scorecard surveys in each office at least once every three years.
  - Identifying key performance gaps within six months from obtaining survey results. OPDIVs that are not completing surveys in FY 2005 will identify key performance gaps using existing survey data.
  - Forming teams to make one or more important organizational improvements every year.
  - Reporting on progress at least every year.



# **“One HHS”**

## **10 Department-wide Program Objectives**

Last Updated: April 11, 2003

**Mission:** To enhance the health and well-being of Americans by providing for effective health and human services and by fostering strong, sustained advances in the sciences underlying medicine, public health, and social services.

### **1. Increase access to health care (Closing the Gaps in Health Care)**

- Create new, affordable health insurance options
- Strengthen and improve Medicare
- Expand access to health care services for targeted populations with special health care needs
- Strengthen and expand the health care safety net
- Increase access to quality health care services for American Indians and Alaskan Natives
- Eliminate racial and ethnic health disparities

### **2. Expand consumer choices in health care and human services**

- Expand community and faith-based partnerships
- Increase the appropriate use of effective health care services by medical providers

### **3. Emphasize preventive health measures (Preventing Disease and Illness)**

- Reduce behavior and other factors that contribute to the development of chronic diseases (diabetes, obesity, asthma, heart disease, stroke and cancer) contained in “Steps to a Healthier U.S.”
- Reduce the incidence of sexually transmitted diseases and unintended pregnancies
- Increase childhood and adult immunization rates
- Reduce tobacco use, especially among youth

#### **4. Prepare for and effectively respond to bio-terrorism and other public health emergencies (Protecting our Homeland)**

- Build the capacity of the health care system to respond to public health threats in a more timely and effective manner, especially bio-terrorism threats
- Improve the safety of food, drugs, biological products, and medical devices

#### **5. Improve health outcomes (Preventing Disease and Illness)**

- Reduce the incidence and consequences of injuries and violence
- Reduce substance abuse
- Improve consumer and patient protections
- Increase consumer and patient use of health care quality information
- Accelerate the development and use of an electronic health information infrastructure

#### **6. Improve the quality of health care ( 21<sup>st</sup> Century Health Care)**

- Reduce medical errors
- Accelerate private sector development of new drugs, biologic therapies, and medical technology
- Improve the coordination, communication, and application of health research results.

#### **7. Advance science and medical research (Improving Health Science)**

- Strengthen and diversify the pool of qualified health and behavioral science researchers
- Advance the understanding of basic biomedical and behavioral science and how to prevent, diagnose, and treat disease and disability
- Strengthen the mechanisms for ensuring the protection of human subjects and the integrity of the research process.

#### **8. Improve the well-being and safety of families and individuals, especially vulnerable populations (“Leaving No Child Behind”)**

- Promote family formation and healthy marriages
- Improve the development and learning readiness, as appropriate, of infants, toddlers, and pre-school children
- Increase the involvement and financial support of non-custodial parents in the lives of their children
- Increase the percentage of children and youth living in a permanent, safe environment

## **9. Strengthen American Families (Working Toward Independence)**

- Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition
- Increase the proportion of older Americans who stay active and healthy
- Increase the independence and quality of life of persons with disabilities, including those with long-term care needs.
- Improve the economic and social development of distressed communities

## **10. Reduce regulatory burden on providers, patients, and consumers of HHS' services**

- Reduce regulatory burden on providers and consumers of HHS services